

Draft MaineCare Rates for Section 25

Updated on 6/14/2022

Covered Codes and Final Rates May Differ

LEGEND
Rate has been updated from original draft proposed rate

Procedure Code	Code Description	Service Type	2022 MC Rate	DRAFT Fee Schedule Rate
D0120	Periodic oral evaluation - established patient	Diagnostic	\$30.00	\$32.06
D0140	Limited oral evaluation - problem focused	Diagnostic	\$20.00	\$53.90
D0145	Oral evaluation for a patient under three years of	Diagnostic	\$20.00	\$46.39
D0150	Comprehensive oral evaluation - new or established	Diagnostic	\$55.00	\$61.41
D0160	Detailed and extensive oral evaluation - problem f	Diagnostic	\$25.00	\$70.75
D0170	Re-evaluation – limited, problem focused, (establi	Diagnostic	\$20.00	\$41.22
D0171	Re-evaluation – post-operative office visit	Diagnostic	\$20.00	Remove from Section 25
D0180	Comprehensive periodontal evaluation: new or estab	Diagnostic		\$70.28
D0190	Screening of a patient	Diagnostic	\$14.42	\$20.47
D0191	Assessment of a patient	Diagnostic	\$14.55	Remove from Section 25
D0210	Intraoral - complete series of radiographic images	Diagnostic	\$43.50	\$91.90
D0220	Intraoral - periapical, first radiographic image	Diagnostic	\$8.00	\$20.47
D0230	Intraoral - periapical, each additional radiograph	Diagnostic	\$6.50	\$15.01
D0240	Intraoral - occlusal radiographic image	Diagnostic	\$10.00	\$22.52
D0250	Extra-oral - 2D projection radiographic image crea	Diagnostic	\$9.00	\$32.66
D0251	Extra-oral posterior dental radiographic image	Diagnostic	\$9.00	\$32.66
D0260	EXTRAORAL - EACH ADDITIONAL RADIOGRAPHIC IMAGE (\$p	Diagnostic		Not a covered code; do not plan to add
D0270	Bitewing - single radiographic image	Diagnostic	\$8.00	\$20.47
D0272	Bitewings - two radiographic images	Diagnostic	\$15.00	\$32.75
D0273	Bitewings - three radiographic images	Diagnostic	\$17.50	\$38.55
D0274	Bitewings - four radiographic images	Diagnostic	\$20.00	\$44.35
D0277	Vertical bitewings - 7 to 8 radiographic images	Diagnostic	\$30.00	\$66.86
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BON	Diagnostic		Not a covered code; do not plan to add
D0310	Sialography	Diagnostic	\$30.00	\$71.45
D0320	Temporomandibular joint arthrogram, including inje	Diagnostic	\$35.00	\$155.30
D0321	Other temporomandibular joint radiographic images,	Diagnostic	\$43.00	\$97.71
D0322	TOMOGRAPHIC SURVEY	Diagnostic		Not a covered code; do not plan to add
D0330	Panoramic radiographic image	Diagnostic	\$43.00	\$83.24
D0340	2D cephalometric radiographic image – acquisition,	Diagnostic		\$56.22
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-O	Diagnostic		Not a covered code; do not plan to add
D0351	3D PHOTOGRAPHIC IMAGE	Diagnostic		Not a covered code; do not plan to add
D0360	CONE BEAM CT - CRANIOFACIAL DATA CAPTURE (Non-cove	Diagnostic		Not a covered code; do not plan to add
D0362	CONE BEAM - TWO-DIMENSIONAL IMAGE RECONSTRUCTION U	Diagnostic		Not a covered code; do not plan to add
D0363	CONE BEAM - THREE-DIMENSIONAL IMAGE RECONSTRUCTION	Diagnostic		Not a covered code; do not plan to add
D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMIT	Diagnostic		Not a covered code; do not plan to add
D0365	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD	Diagnostic		Not a covered code; do not plan to add
D0366	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD	Diagnostic		Not a covered code; do not plan to add
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD	Diagnostic		Not a covered code; do not plan to add
D0368	CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SE	Diagnostic		Not a covered code; do not plan to add
D0369	MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION	Diagnostic		Not a covered code; do not plan to add
D0370	MAXILLOFACIAL ULTRASOUND CAPTURE AND INTERPRETATIO	Diagnostic		Not a covered code; do not plan to add
D0371	SIALOENDOSCOPY CAPTURE AND INTERPRETATION	Diagnostic		Not a covered code; do not plan to add
D0380	CONE BEAM CT IMAGE CAPTURE WITH LIMITED FIELD OF V	Diagnostic		Not a covered code; do not plan to add
D0381	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF O	Diagnostic		Not a covered code; do not plan to add
D0382	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF O	Diagnostic		Not a covered code; do not plan to add
D0383	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF B	Diagnostic		Not a covered code; do not plan to add
D0384	CONE BEAM CT IMAGE CAPTURE FOR TMJ SERIES INCLUDIN	Diagnostic		Not a covered code; do not plan to add
D0385	MAXILLOFACIAL MRI IMAGE CAPTURE	Diagnostic		Not a covered code; do not plan to add
D0386	MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE	Diagnostic		Not a covered code; do not plan to add
D0391	INTERPRETATION OF DIAGNOSTIC IMAGE BY A PRACTITION	Diagnostic		Not a covered code; do not plan to add
D0393	TREATMENT SIMULATION USING 3D IMAGE VOLUME	Diagnostic		Not a covered code; do not plan to add
D0394	DIGITAL SUBTRACTION OF TWO OR MORE IMAGES OR IMAGE	Diagnostic		Not a covered code; do not plan to add
D0395	FUSION OF TWO OR MORE 3D IMAGE VOLUMES OF ONE OR M	Diagnostic		Not a covered code; do not plan to add
D0411	HBA1C IN-OFFICE POINT OF SERVICE TESTING	Diagnostic		Not a covered code; do not plan to add
D0412	Blood glucose level test - in-office using a gluco	Diagnostic		Not a covered code; do not plan to add
D0414	LABORATORY PROCESSING OF MICROBIAL SPECIMEN TO INC	Diagnostic		Not a covered code; do not plan to add
D0415	COLLECTION OF MICROORGANISMS FOR CULTURE AND SENSI	Diagnostic		Not a covered code; do not plan to add
D0416	VIRAL CULTURE	Diagnostic		Not a covered code; do not plan to add
D0417	COLLECTION AND PREPARATION OF SALIVA SAMPLE FOR LA	Diagnostic		Not a covered code; do not plan to add
D0418	ANALYSIS OF SALIVA SAMPLE	Diagnostic		Not a covered code; do not plan to add
D0419	Assessment of salivary flow by measurement	Diagnostic		Not a covered code; do not plan to add
D0421	GENETIC TEST FOR SUSCEPTIBILITY TO ORAL DISEASES (Diagnostic		Not a covered code; do not plan to add
D0422	COLLECTION AND PREPARATION OF GENETIC SAMPLE MATER	Diagnostic		Not a covered code; do not plan to add
D0423	GENETIC TEST FOR SUSCEPTIBILITY TO DISEASES - SPEC	Diagnostic		Not a covered code; do not plan to add
D0425	CARIES SUSCEPTIBILITY TESTS	Diagnostic		Not a covered code; do not plan to add
D0431	ADJUNCTIVE PRE-DIAGNOSTIC TEST THAT AIDS IN DETECT	Diagnostic		Not a covered code; do not plan to add
D0460	Pulp vitality tests	Diagnostic	\$10.00	\$29.78
D0470	Diagnostic casts	Diagnostic	\$32.00	Remove from Section 25
D0472	ACCESSION OF TISSUE, GROSS EXAMINATION, PREPARATIO	Diagnostic		Not a covered code; do not plan to add
D0473	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINA	Diagnostic		Not a covered code; do not plan to add
D0474	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINA	Diagnostic		Not a covered code; do not plan to add
D0475	DECALCIFICATION PROCEDURE	Diagnostic		Not a covered code; do not plan to add
D0476	SPECIAL STAINS FOR MICROORGANISMS	Diagnostic		Not a covered code; do not plan to add
D0477	SPECIAL STAINS, NOT FOR MICROORGANISMS	Diagnostic		Not a covered code; do not plan to add
D0478	IMMUNOHISTOCHEMICAL STAINS	Diagnostic		Not a covered code; do not plan to add

Procedure Code	Code Description	Service Type	2022 MC Rate	DRAFT Fee Schedule Rate
D0479	TISSUE IN-SITU HYBRIDIZATION, INCLUDING INTERPRETA	Diagnostic		Not a covered code; do not plan to add
D0480	ACCESSION OF EXFOLIATIVE CYTOLOGIC SMEARS, MICROSC	Diagnostic		Not a covered code; do not plan to add
D0481	ELECTRON MICROSCOPY	Diagnostic		Not a covered code; do not plan to add
D0482	DIRECT IMMUNOFLUORESCENCE	Diagnostic		Not a covered code; do not plan to add
D0483	INDIRECT IMMUNOFLUORESCENCE	Diagnostic		Not a covered code; do not plan to add
D0484	CONSULTATION ON SLIDES PREPARED ELSEWHERE	Diagnostic		Not a covered code; do not plan to add
D0485	CONSULTATION, INCLUDING PREPARATION OF SLIDES FROM	Diagnostic		Not a covered code; do not plan to add
D0486	LABORATORY ACCESSION OF TRANSEPIHELIAL CYTOLOGIC	Diagnostic		Not a covered code; do not plan to add
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	Diagnostic		Not a covered code; do not plan to add
D0600	NON-IONIZING DIAGNOSTIC PROCEDURE CAPABLE OF QUANT	Diagnostic		Not a covered code; do not plan to add
D0601	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A F	Diagnostic		For Reporting Only; No Rate
D0602	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A F	Diagnostic		For Reporting Only; No Rate
D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A F	Diagnostic		For Reporting Only; No Rate
D0604	Antigen testing for a public health related pathog	Diagnostic	\$24.73	\$48.08
D0605	Antibody testing for a public health related patho	Diagnostic		\$56.94
D0606	Molecular testing for a public health related path	Diagnostic		Not a covered code; do not plan to add
D0706	Intraoral - occlusal radiographic image - image ca	Diagnostic		Not a covered code; do not plan to add
D0707	Intraoral - periapical radiographic image - image	Diagnostic		Not a covered code; do not plan to add
D0708	Intraoral - bitewing radiographic image - image ca	Diagnostic		Not a covered code; do not plan to add
D0709	Intraoral - complete series of radiographic images	Diagnostic		Not a covered code; do not plan to add
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	Diagnostic		Not a covered code; do not plan to add
D1110	Prophylaxis - Adult	Preventive	\$40.00	\$65.91
D1120	Prophylaxis - Child	Preventive	\$30.00	\$50.49
D1201	TOPICAL APPLICATION OF FLUORIDE (INCLUDING PROPHYL	Preventive		Not a covered code; do not plan to add
D1203	TOPICAL APPLICATION OF FLUORIDE - CHILD (Non-cover	Preventive		Not a covered code; do not plan to add
D1204	TOPICAL APPLICATION OF FLUORIDE - ADULT (Non-cover	Preventive		Not a covered code; do not plan to add
D1205	TOPICAL APPLICATION OF FLUORIDE (INCLUDING PROPHYL	Preventive		Not a covered code; do not plan to add
D1206	Topical application of fluoride varnish	Preventive	\$12.00	\$24.56
D1208	Topical application of fluoride - excluding varnis	Preventive	\$12.00	\$24.56
D1310	NUTRITIONAL COUNSELING FOR CONTROL OF DENTAL DISEA	Preventive		Not a covered code; do not plan to add
D1320	Tobacco counseling for the control and prevention	Preventive	\$20.00	\$28.38
D1321	Counseling for the control and prevention of adver	Preventive		\$14.00
D1330	Oral hygiene instructions	Preventive	\$13.00	\$24.56
D1351	Sealant - per tooth	Preventive	\$16.00	\$30.70
D1352	PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH	Preventive		Not a covered code; do not plan to add
D1353	SEALANT REPAIR - PER TOOTH	Preventive		Not a covered code; do not plan to add
D1354	Interim caries arresting medicament application -	Preventive	\$24.74	\$25.70
D1355	Caries preventive medicament application- per toot	Preventive		\$18.98
D1510	Space maintainer - fixed, unilateral - per quadrat	Preventive	\$95.00	\$236.14
D1515	SPACE MAINTAINER - FIXED - BILATERAL	Preventive		Not a covered code; do not plan to add
D1516	Space maintainer - fixed - bilateral, maxillary	Preventive	\$220.00	\$330.91
D1517	Space maintainer - fixed - bilateral, mandibular	Preventive	\$220.00	\$330.91
D1520	Space maintainer - removable, unilateral - per qua	Preventive		\$166.15
D1525	SPACE MAINTAINER - REMOVABLE - BILATERAL	Preventive		Not a covered code; do not plan to add
D1526	Space maintainer - removable - bilateral, maxillar	Preventive	\$110.00	\$247.15
D1527	Space maintainer - removable - bilateral, mandibul	Preventive	\$110.00	\$247.15
D1550	RE-CEMENT OR RE-BOND SPACE MAINTAINER	Preventive		Not a covered code; do not plan to add
D1551	Re-cement or re-bond bilateral space maintainer -	Preventive	\$22.50	\$44.68
D1552	Re-cement or re-bond bilateral space maintainer -	Preventive	\$22.50	\$44.68
D1553	Re-cement or re-bond unilateral space maintainer -	Preventive	\$22.50	\$44.68
D1555	REMOVAL OF FIXED SPACE MAINTAINER	Preventive		Not a covered code; do not plan to add
D1556	Removal of fixed unilateral space maintainer - per	Preventive		\$50.50
D1557	Removal of fixed bilateral space maintainer - maxi	Preventive	\$50.00	\$50.50
D1558	Removal of fixed bilateral space maintainer - mand	Preventive	\$50.00	\$50.50
D1575	Distal shoe space maintainer - fixed, unilateral -	Preventive	\$95.00	\$208.05
D1705	AstraZeneca Covid-19 vaccine administration - firs	Preventive		Not a covered code; do not plan to add
D1706	AstraZeneca Covid-19 vaccine administration - seco	Preventive		Not a covered code; do not plan to add
D1707	Janssen Covid-19 vaccine administration	Preventive		Not a covered code; do not plan to add
D1999	UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT	Preventive		Not a covered code; do not plan to add
D2140	Amalgam - one surface, primary or permanent	Restorative	\$38.00	\$78.29
D2150	Amalgam - two surfaces, primary or permanent	Restorative	\$48.00	\$95.95
D2160	Amalgam - three surfaces, primary or permanent	Restorative	\$81.00	\$113.50
D2161	Amalgam - four or more surfaces, primary or perman	Restorative	\$97.00	\$137.34
D2330	Resin-based composite - one surface, anterior	Restorative	\$68.00	\$78.29
D2331	Resin-based composite - two surfaces, anterior	Restorative	\$91.00	\$95.95
D2332	Resin-based composite - three surfaces, anterior	Restorative	\$109.00	\$113.50
D2335	Resin-based composite - four or more surfaces or i	Restorative	\$111.00	\$137.34
D2390	Resin-based composite crown, anterior	Restorative	\$300.00	\$257.60
D2391	Resin-based composite - one surface, posterior	Restorative	\$68.00	\$103.16
D2392	Resin-based composite - two surfaces, posterior	Restorative	\$90.00	\$124.04
D2393	Resin-based composite - three surfaces, posterior	Restorative	\$103.00	\$149.63
D2394	Resin-based composite - four or more surfaces, pos	Restorative	\$111.00	\$170.50
D2410	GOLD FOIL - ONE SURFACE	Restorative		Not a covered code; do not plan to add
D2420	GOLD FOIL - TWO SURFACES	Restorative		Not a covered code; do not plan to add
D2430	GOLD FOIL - THREE SURFACES	Restorative		Not a covered code; do not plan to add

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D2510	INLAY - METALLIC - ONE SURFACE	Restorative		Not a covered code; do not plan to add
D2520	INLAY - METALLIC - TWO SURFACES	Restorative		Not a covered code; do not plan to add
D2530	INLAY - METALLIC - THREE OR MORE SURFACES	Restorative		Not a covered code; do not plan to add
D2542	ONLAY - METALLIC - TWO SURFACES	Restorative		Not a covered code; do not plan to add
D2543	ONLAY - METALLIC - THREE SURFACES	Restorative		Not a covered code; do not plan to add
D2544	ONLAY - METALLIC - FOUR OR MORE SURFACES	Restorative		Not a covered code; do not plan to add
D2610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	Restorative		Not a covered code; do not plan to add
D2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	Restorative		Not a covered code; do not plan to add
D2630	INLAY - PORCELAIN/CERAMIC - THREE OR MORE SURFACES	Restorative		Not a covered code; do not plan to add
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	Restorative		Not a covered code; do not plan to add
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	Restorative		Not a covered code; do not plan to add
D2644	ONLAY - PORCELAIN/CERAMIC - FOUR OR MORE SURFACES	Restorative		Not a covered code; do not plan to add
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	Restorative		Not a covered code; do not plan to add
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	Restorative		Not a covered code; do not plan to add
D2652	INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURF	Restorative		Not a covered code; do not plan to add
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	Restorative		Not a covered code; do not plan to add
D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	Restorative		Not a covered code; do not plan to add
D2664	ONLAY - RESIN-BASED COMPOSITE - FOUR OR MORE SURFA	Restorative		Not a covered code; do not plan to add
D2710	Crown - resin based composite (indirect)	Restorative	\$300.00	Remove from Section 25
D2712	CROWN - 3/4 RESIN-BASED COMPOSITE (INDIRECT)	Restorative		Not a covered code; do not plan to add
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	Restorative		Not a covered code; do not plan to add
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	Restorative		Not a covered code; do not plan to add
D2722	CROWN - RESIN WITH NOBLE METAL	Restorative		Not a covered code; do not plan to add
D2740	Crown - porcelain/ceramic substrate	Restorative		\$569.28
D2750	Crown - porcelain fused to high-noble metal	Restorative		\$638.62
D2751	Crown - porcelain fused to predominantly base meta	Restorative		\$488.74
D2752	Crown - porcelain fused to noble metal	Restorative		\$532.44
D2753	Crown - porcelain fused to titanium and titanium a	Restorative		Not a covered code; do not plan to add
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	Restorative		Not a covered code; do not plan to add
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	Restorative		Not a covered code; do not plan to add
D2782	CROWN - 3/4 CAST NOBLE METAL	Restorative		Not a covered code; do not plan to add
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	Restorative		Not a covered code; do not plan to add
D2790	CROWN - FULL CAST HIGH NOBLE METAL	Restorative		Not a covered code; do not plan to add
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	Restorative		Not a covered code; do not plan to add
D2792	CROWN - FULL CAST NOBLE METAL	Restorative		Not a covered code; do not plan to add
D2794	Crown - titanium and titanium alloys	Restorative		Not a covered code; do not plan to add
D2799	PROVISIONAL CROWN- FURTHER TREATMENT OR COMPLETION	Restorative		Not a covered code; do not plan to add
D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTI	Restorative		Not a covered code; do not plan to add
D2915	Re-cement or re-bond indirectly fabricated or pref	Restorative	\$30.00	\$61.41
D2920	Re-cement or re-bond crown	Restorative	\$30.00	\$66.32
D2921	REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CU	Restorative		Not a covered code; do not plan to add
D2928	Prefabricated porcelain/ceramic crown - permanent	Restorative		\$256.45
D2929	Prefabricated porcelain/ceramic crown - primary to	Restorative	\$300.00	\$210.52
D2930	Prefabricated stainless steel crown - primary toot	Restorative	\$120.00	\$140.72
D2931	Prefabricated stainless steel crown - permanent to	Restorative	\$120.00	\$171.42
D2932	Prefabricated resin crown	Restorative	\$120.00	\$159.66
D2933	Prefabricated stainless steel crown with resin win	Restorative		\$186.26
D2934	Prefabricated esthetic coated stainless steel crow	Restorative		\$186.26
D2940	Protective restoration	Restorative	\$30.00	\$57.93
D2941	INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTITIO	Restorative		Not a covered code; do not plan to add
D2949	RESTORATIVE FOUNDATION FOR AN INDIRECT RESTORATION	Restorative		Not a covered code; do not plan to add
D2950	Core buildup, including any pins when required	Restorative	\$150.00	\$126.91
D2951	Pin retention - per tooth, in addition to restorat	Restorative	\$19.00	\$28.66
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FAB	Restorative		Not a covered code; do not plan to add
D2953	EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME	Restorative		Not a covered code; do not plan to add
D2954	Prefabricated post and core in addition to crown	Restorative	\$95.00	\$168.66
D2955	POST REMOVAL	Restorative		Not a covered code; do not plan to add
D2957	Each additional prefabricated post - same tooth, u	Restorative	\$47.50	Remove from Section 25
D2960	Labial veneer (resin laminate) - direct	Restorative		Not a covered code; do not plan to add
D2961	Labial veneer (resin laminate) - indirect	Restorative		Not a covered code; do not plan to add
D2962	Labial veneer (porcelain laminate) - indirect	Restorative		Not a covered code; do not plan to add
D2970	TEMPORARY CROWN (FRACTURED TOOTH) (Special coverag	Restorative		Not a covered code; do not plan to add
D2971	ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER	Restorative		Not a covered code; do not plan to add
D2975	COPING	Restorative		Not a covered code; do not plan to add
D2980	Crown repair necessitated by restorative material	Restorative	\$34.00	\$111.55
D2981	INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL	Restorative		Not a covered code; do not plan to add
D2982	ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL	Restorative		Not a covered code; do not plan to add
D2983	VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL	Restorative		Not a covered code; do not plan to add
D2990	RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LES	Restorative		Not a covered code; do not plan to add
D2999	Unspecified restorative procedure, by report	Restorative		By Report
D3110	Pulp cap - direct (excluding final restoration)	Endodontics	\$7.00	\$37.89
D3120	Pulp cap - indirect (excluding final restoration)	Endodontics	\$19.00	\$37.89
D3220	Therapeutic pulpotomy (excluding final restoration	Endodontics	\$50.00	\$124.52
D3221	Pulpal debridement, primary and permanent teeth	Endodontics	\$88.00	\$123.69
D3222	Partial pulpotomy for apexogenesis - permanent too	Endodontics	\$50.00	\$148.40

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D3230	Pulpal therapy (resorbable filling) - anterior, pr	Endodontics	\$50.00	\$119.40
D3240	Pulpal therapy (resorbable filling) - posterior, p	Endodontics	\$50.00	\$157.48
D3310	Endodontic therapy, anterior tooth (excluding fina	Endodontics	\$220.00	\$578.58
D3320	Endodontic therapy, premolar tooth (excluding fina	Endodontics	\$251.00	\$683.72
D3330	Endodontic therapy, molar tooth (excluding final r	Endodontics	\$338.00	\$919.32
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL	Endodontics		Not a covered code; do not plan to add
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTO	Endodontics		Not a covered code; do not plan to add
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	Endodontics		Not a covered code; do not plan to add
D3346	Retreatment of previous root canal therapy - anter	Endodontics	\$220.00	\$734.00
D3347	Retreatment of previous root canal therapy - premo	Endodontics	\$240.00	\$861.73
D3348	Retreatment of previous root canal therapy - molar	Endodontics	\$320.00	\$944.96
D3351	Apexification/recalcification - initial visit (api	Endodontics	\$56.00	\$125.90
D3352	Apexification/recalcification - interim medication	Endodontics	\$56.00	\$125.90
D3353	Apexification/recalcification - final visit (inclu	Endodontics	\$56.00	\$176.43
D3354	PULPAL REGENERATION - (COMPLETION OF REGENERATIVE	Endodontics		Not a covered code; do not plan to add
D3355	PULPAL REGENERATION - INITIAL VISIT	Endodontics		Not a covered code; do not plan to add
D3356	PULPAL REGENERATION - INTERIM MEDICATION REPLACEME	Endodontics		Not a covered code; do not plan to add
D3357	PULPAL REGENERATION - COMPLETION OF TREATMENT	Endodontics		Not a covered code; do not plan to add
D3410	Apicoectomy - anterior	Endodontics	\$170.00	\$339.52
D3421	Apicoectomy - bicuspid (first root)	Endodontics		\$361.74
D3425	Apicoectomy - molar (first root)	Endodontics		\$413.30
D3426	Apicoectomy (each additional root)	Endodontics		\$187.33
D3427	PERIRADICULAR SURGERY WITHOUT APICOECTOMY	Endodontics		Not a covered code; do not plan to add
D3428	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGE	Endodontics		Not a covered code; do not plan to add
D3429	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGE	Endodontics		Not a covered code; do not plan to add
D3430	Retrograde filling - per root	Endodontics	\$43.00	Remove from Section 25
D3431	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISS	Endodontics		Not a covered code; do not plan to add
D3432	GUIDED TISSUE REGENERATION, RESORBABLE BARRIER, PE	Endodontics		Not a covered code; do not plan to add
D3450	ROOT AMPUTATION - PER ROOT	Endodontics		Not a covered code; do not plan to add
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	Endodontics		Not a covered code; do not plan to add
D3470	INTENTIONAL REIMPLANTATION (INCLUDING NECESSARY SP	Endodontics		Not a covered code; do not plan to add
D3471	Surgical repair of root resorption - anterior	Endodontics		Not a covered code; do not plan to add
D3472	Surgical repair of root resorption - premolar	Endodontics		Not a covered code; do not plan to add
D3473	Surgical repair of root resorption - molar	Endodontics		Not a covered code; do not plan to add
D3501	Surgical exposure of root surface without apicoect	Endodontics		Not a covered code; do not plan to add
D3502	Surgical exposure of root surface without apicoect	Endodontics		Not a covered code; do not plan to add
D3503	Surgical exposure of root surface without apicoect	Endodontics		Not a covered code; do not plan to add
D3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUB	Endodontics		Not a covered code; do not plan to add
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCL	Endodontics		Not a covered code; do not plan to add
D3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL O	Endodontics		Not a covered code; do not plan to add
D3999	Unspecified endodontic procedure, by report	Endodontics		By Report
D4210	Gingivectomy or gingivoplasty - four or more conti	Periodontics	\$162.00	\$303.86
D4211	Gingivectomy or gingivoplasty - one to three conti	Periodontics	\$56.00	\$133.79
D4212	Gingivectomy or gingivoplasty to allow access for	Periodontics	\$25.00	Remove from Section 25
D4230	Anatomical crown exposure - four or more contiguous	Periodontics		Not a covered code; do not plan to add
D4231	Anatomical crown exposure - one to three teeth or	Periodontics		Not a covered code; do not plan to add
D4240	Gingival flap procedure, including root planing -	Periodontics	\$250.00	\$385.02
D4241	Gingival flap procedure, including root planing -	Periodontics	\$150.00	\$255.86
D4245	Apically positioned flap	Periodontics	\$162.00	\$315.30
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	Periodontics		Not a covered code; do not plan to add
D4260	Osseous surgery (including elevation of a full thi	Periodontics	\$280.00	\$608.51
D4261	Osseous surgery (including elevation of a full thi	Periodontics	\$140.00	\$448.34
D4263	Bone replacement graft - retained natural tooth -	Periodontics	\$330.00	\$388.27
D4264	Bone replacement graft - retained natural tooth -	Periodontics	\$66.00	\$288.22
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISS	Periodontics		Not a covered code; do not plan to add
D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, P	Periodontics		Not a covered code; do not plan to add
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER	Periodontics		Not a covered code; do not plan to add
D4268	Surgical revision procedure, per tooth	Periodontics	\$200.00	Remove from Section 25
D4270	Pedicle soft tissue graft procedure	Periodontics	\$250.00	\$425.73
D4271	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR	Periodontics		Not a covered code; do not plan to add
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCL	Periodontics		Not a covered code; do not plan to add
D4274	MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN	Periodontics		Not a covered code; do not plan to add
D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING	Periodontics		Not a covered code; do not plan to add
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAF	Periodontics		Not a covered code; do not plan to add
D4277	Free soft tissue graft procedure (including recipi	Periodontics	\$250.00	\$594.70
D4278	Free soft tissue graft procedure (including recipi	Periodontics	\$125.00	\$328.13
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCL	Periodontics		Not a covered code; do not plan to add
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (Periodontics		Not a covered code; do not plan to add
D4320	PROVISIONAL SPLINTING - INTRACORONAL	Periodontics		Not a covered code; do not plan to add
D4321	PROVISIONAL SPLINTING - EXTRACORONAL	Periodontics		Not a covered code; do not plan to add
D4341	Periodontal scaling and root planing - four or mor	Periodontics	\$40.00	\$153.18
D4342	Periodontal scaling and root planing, 1 - 3 teeth	Periodontics		\$109.84
D4346	Scaling in presence of generalized moderate or sev	Periodontics	\$40.00	\$62.77
D4355	Full mouth debridement to enable a comprehensive o	Periodontics	\$100.00	\$102.34
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A C	Periodontics		Not a covered code; do not plan to add

Procedure Code	Code Description	Service Type	2022 MC Rate	DRAFT Fee Schedule Rate
D4910	Periodontal maintenance	Periodontics	\$39.00	\$97.16
D4920	Unscheduled dressing change (by someone other than	Periodontics	\$27.00	Not a covered code; do not plan to add
D4921	GINGIVAL IRRIGATION - PER QUADRANT	Periodontics		Not a covered code; do not plan to add
D4999	Unspecified periodontal procedure, by report	Periodontics		By Report
D5110	Complete denture - maxillary	Prosthodontics (Removable)	\$393.00	\$686.98
D5120	Complete denture - mandibular	Prosthodontics (Removable)	\$393.00	\$686.98
D5130	Immediate denture - maxillary	Prosthodontics (Removable)	\$423.00	\$712.56
D5140	Immediate denture - mandibular	Prosthodontics (Removable)	\$423.00	\$712.56
D5211	Maxillary partial denture - resin base (including	Prosthodontics (Removable)	\$280.00	\$465.66
D5212	Mandibular partial denture - resin base (including	Prosthodontics (Removable)	\$280.00	\$465.66
D5213	Maxillary partial denture - cast metal framework w	Prosthodontics (Removable)	\$423.00	\$709.24
D5214	Mandibular partial denture - cast metal framework	Prosthodontics (Removable)	\$423.00	\$709.24
D5221	Immediate maxillary partial denture - resin base (Prosthodontics (removable)		\$399.65
D5222	Immediate mandibular partial denture - resin base	Prosthodontics (removable)		\$399.65
D5223	Immediate maxillary partial denture - cast metal f	Prosthodontics (removable)		\$761.30
D5224	Immediate mandibular partial denture - cast metal	Prosthodontics (removable)		\$761.30
D5225	maxillary partial denture - flexible base (includi	Prosthodontics (removable)		\$533.21
D5226	mandibular partial denture - flexible base (includ	Prosthodontics (removable)		\$533.21
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE C	Prosthodontics (Removable)		Not a covered code; do not plan to add
D5282	Removable unilateral partial denture - one piece c	Prosthodontics (Removable)		Not a covered code; do not plan to add
D5283	Removable unilateral partial denture - one piece c	Prosthodontics (Removable)		Not a covered code; do not plan to add
D5284	Removable unilateral partial denture - one piece f	Prosthodontics (Removable)		Not a covered code; do not plan to add
D5286	Removable unilateral partial denture - one piece r	Prosthodontics (Removable)		Not a covered code; do not plan to add
D5410	Adjust complete denture - maxillary	Prosthodontics (Removable)	\$26.00	\$36.16
D5411	Adjust complete denture - mandibular	Prosthodontics (Removable)	\$26.00	\$36.16
D5421	Adjust partial denture - maxillary	Prosthodontics (Removable)	\$25.00	\$33.33
D5422	Adjust partial denture - mandibular	Prosthodontics (Removable)	\$25.00	\$33.33
D5510	REPAIR BROKEN COMPLETE DENTURE BASE (Non-covered b	Prosthodontics (Removable)		Not a covered code; do not plan to add
D5511	Repair broken complete denture base, mandibular	Prosthodontics (Removable)	\$57.00	\$79.38
D5512	Repair broken complete denture base, maxillary	Prosthodontics (Removable)	\$57.00	\$79.38
D5520	Replace missing or broken teeth - complete denture	Prosthodontics (Removable)	\$50.00	\$76.76
D5610	REPAIR RESIN DENTURE BASE (Non-covered by Medicare	Prosthodontics (Removable)		Not a covered code; do not plan to add
D5611	Repair resin partial denture base, mandibular	Prosthodontics (Removable)	\$56.00	\$73.32
D5612	Repair resin partial denture base, maxillary	Prosthodontics (Removable)	\$56.00	\$73.32
D5620	REPAIR CAST FRAMEWORK (Non-covered by Medicare. St	Prosthodontics (Removable)		Not a covered code; do not plan to add
D5621	Repair cast partial framework, mandibular	Prosthodontics (Removable)	\$85.00	\$96.95
D5622	Repair cast partial framework, maxillary	Prosthodontics (Removable)	\$85.00	\$96.95
D5630	Repair or replace broken clasp - per tooth	Prosthodontics (Removable)	\$85.00	\$104.80
D5640	Replace broken teeth - per tooth	Prosthodontics (Removable)	\$50.00	\$80.54
D5650	Add tooth to existing partial denture	Prosthodontics (Removable)	\$55.00	\$108.74
D5660	Add clasp to existing partial denture - per tooth	Prosthodontics (Removable)	\$65.00	\$108.69
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEW	Prosthodontics (Removable)		Not a covered code; do not plan to add
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEW	Prosthodontics (Removable)		Not a covered code; do not plan to add
D5710	Rebase complete maxillary denture	Prosthodontics (Removable)	\$150.00	\$236.10
D5711	Rebase complete mandibular denture	Prosthodontics (Removable)	\$150.00	\$236.10
D5720	Rebase maxillary partial denture	Prosthodontics (Removable)	\$150.00	\$206.39
D5721	Rebase mandibular partial denture	Prosthodontics (Removable)	\$150.00	\$206.39
D5730	Reline complete maxillary denture (chairside)	Prosthodontics (Removable)	\$78.00	\$136.20
D5731	Reline complete mandibular denture (chairside)	Prosthodontics (Removable)	\$78.00	\$136.20
D5740	Reline maxillary partial denture (direct)	Prosthodontics (removable)		\$121.09
D5741	Reline mandibular partial denture (direct)	Prosthodontics (removable)		\$121.09
D5750	Reline complete maxillary denture (laboratory)	Prosthodontics (Removable)	\$150.00	\$220.86
D5751	Reline complete mandibular denture (laboratory)	Prosthodontics (Removable)	\$150.00	\$220.86
D5760	Reline upper maxillary partial denture (indirect)	Prosthodontics (removable)		\$181.81
D5761	Reline mandibular partial denture (indirect)	Prosthodontics (removable)		\$181.81
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	Prosthodontics (Removable)		Not a covered code; do not plan to add
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	Prosthodontics (Removable)		Not a covered code; do not plan to add
D5820	Interim partial denture (maxillary) - includes any	Prosthodontics (Removable)	\$280.00	Not a covered code; do not plan to add
D5821	Interim partial denture (including retentive/clasp	Prosthodontics (Removable)		Not a covered code; do not plan to add
D5850	TISSUE CONDITIONING, MAXILLARY	Prosthodontics (Removable)		Not a covered code; do not plan to add
D5851	TISSUE CONDITIONING, MANDIBULAR	Prosthodontics (Removable)		Not a covered code; do not plan to add
D5860	OVERDENTURE - COMPLETE, BY REPORT (Non-covered by	Prosthodontics (Removable)		Not a covered code; do not plan to add
D5861	OVERDENTURE - PARTIAL, BY REPORT (Non-covered by M	Prosthodontics (Removable)		Not a covered code; do not plan to add
D5862	PRECISION ATTACHMENT, BY REPORT	Prosthodontics (Removable)		Not a covered code; do not plan to add
D5863	Overdenture - complete maxillary	Prosthodontics (Removable)	\$473.00	Remove from Section 25
D5864	Overdenture - partial maxillary	Prosthodontics (Removable)	\$473.00	Remove from Section 25
D5865	Overdenture - complete mandibular	Prosthodontics (Removable)	\$473.00	Remove from Section 25
D5866	Overdenture - partial mandibular	Prosthodontics (Removable)	\$473.00	Remove from Section 25
D5867	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION	Prosthodontics (Removable)		Not a covered code; do not plan to add
D5875	MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMP	Prosthodontics (Removable)		Not a covered code; do not plan to add
D5876	Add metal substructure to acrylic full denture (pe	Prosthodontics (Removable)		Not a covered code; do not plan to add
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY	Prosthodontics (Removable)		Not a covered code; do not plan to add
D5911	Facial moulage (sectional)	Maxillofacial Prosthetics		Remove from Section 25
D5912	Facial moulage (complete)	Maxillofacial Prosthetics		Remove from Section 25
D5913	Nasal prosthesis	Maxillofacial Prosthetics		Remove from Section 25

Procedure Code	Code Description	Service Type	2022 MC Rate	DRAFT Fee Schedule Rate
D5914	Auricular prosthesis	Maxillofacial Prosthetics		Remove from Section 25
D5915	Orbital prosthesis	Maxillofacial Prosthetics		Remove from Section 25
D5916	Ocular prosthesis	Maxillofacial Prosthetics		Remove from Section 25
D5919	Facial prosthesis	Maxillofacial Prosthetics		Remove from Section 25
D5922	Nasal septal prosthesis	Maxillofacial Prosthetics		Remove from Section 25
D5923	Ocular prosthesis, interim	Maxillofacial Prosthetics		Remove from Section 25
D5924	Cranial prosthesis	Maxillofacial Prosthetics		Remove from Section 25
D5925	Facial augmentation implant prosthesis	Maxillofacial Prosthetics		Remove from Section 25
D5926	Nasal prosthesis, replacement	Maxillofacial Prosthetics		Remove from Section 25
D5927	Auricular prosthesis, replacement	Maxillofacial Prosthetics		Remove from Section 25
D5928	Orbital prosthesis, replacement	Maxillofacial Prosthetics		Remove from Section 25
D5929	Facial prosthesis, replacement	Maxillofacial Prosthetics		Remove from Section 25
D5931	Obturator prosthesis, surgical	Maxillofacial Prosthetics	\$1,494.43	Remove from Section 25
D5932	Obturator prosthesis, definitive	Maxillofacial Prosthetics	\$1,693.82	Remove from Section 25
D5933	Obturator prosthesis, modification	Maxillofacial Prosthetics		Remove from Section 25
D5934	Mandibular resection prosthesis with guide flange	Maxillofacial Prosthetics		Remove from Section 25
D5935	Mandibular resection prosthesis without guide flange	Maxillofacial Prosthetics		Remove from Section 25
D5936	Obturator prosthesis, interim	Maxillofacial Prosthetics		Remove from Section 25
D5937	TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)	Maxillofacial Prosthetics		Not a covered code; do not plan to add
D5951	Feeding aid	Maxillofacial Prosthetics	\$433.00	Remove from Section 25
D5952	Speech aid prosthesis, pediatric	Maxillofacial Prosthetics		Remove from Section 25
D5953	Speech aid prosthesis, adult	Maxillofacial Prosthetics		Remove from Section 25
D5954	Palatal augmentation prosthesis	Maxillofacial Prosthetics		Remove from Section 25
D5955	Palatal lift prosthesis, definitive	Maxillofacial Prosthetics		Remove from Section 25
D5958	Palatal lift prosthesis, interim	Maxillofacial Prosthetics		Remove from Section 25
D5959	Palatal lift prosthesis, modification	Maxillofacial Prosthetics		Remove from Section 25
D5960	Speech aid prosthesis, modification	Maxillofacial Prosthetics		Remove from Section 25
D5982	Surgical stent	Maxillofacial Prosthetics	\$175.00	Remove from Section 25
D5983	Radiation carrier	Maxillofacial Prosthetics		Remove from Section 25
D5984	Radiation shield	Maxillofacial Prosthetics		Remove from Section 25
D5985	Radiation cone locator	Maxillofacial Prosthetics		Remove from Section 25
D5986	Fluoride gel carrier	Maxillofacial Prosthetics		\$87.72
D5987	Commissure splint	Maxillofacial Prosthetics		Remove from Section 25
D5988	Surgical splint	Maxillofacial Prosthetics		Remove from Section 25
D5991	VESICULOBULLOUS DISEASE MEDICAMENT CARRIER	Maxillofacial Prosthetics		Not a covered code; do not plan to add
D5992	Adjust maxillofacial prosthetic appliance, by repo	Maxillofacial Prosthetics		Remove from Section 25
D5993	Maintenance and cleaning of maxillofacial prosthes	Maxillofacial Prosthetics		Remove from Section 25
D5994	PERIODONTAL MEDICAMENT CARRIER WITH PERIPHERAL SEA	Maxillofacial Prosthetics		Not a covered code; do not plan to add
D5995	Periodontal medicament carrier with peripheral sea	Maxillofacial Prosthetics		Not a covered code; do not plan to add
D5996	Periodontal medicament carrier with peripheral sea	Maxillofacial Prosthetics		Not a covered code; do not plan to add
D5999	Unspecified maxillofacial prosthesis, by report	Maxillofacial Prosthetics		Remove from Section 25
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPL	Implant Services		Not a covered code; do not plan to add
D6011	Surgical access to an implant body (second stage i	Implant Services		Not a covered code; do not plan to add
D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRA	Implant Services		Not a covered code; do not plan to add
D6013	SURGICAL PLACEMENT OF MINI IMPLANT	Implant Services		Not a covered code; do not plan to add
D6020	ABUTMENT PLACEMENT OR SUBSTITUTION: ENDOSTEAL IMPL	Implant Services		Not a covered code; do not plan to add
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	Implant Services		Not a covered code; do not plan to add
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	Implant Services		Not a covered code; do not plan to add
D6051	INTERIM ABUTMENT	Implant Services		Not a covered code; do not plan to add
D6052	SEMI-PRECISION ATTACHMENT ABUTMENT	Implant Services		Not a covered code; do not plan to add
D6053	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR C	Implant Services		Not a covered code; do not plan to add
D6054	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR P	Implant Services		Not a covered code; do not plan to add
D6055	CONNECTING BAR - IMPLANT SUPPORTED OR ABUTMENT SUP	Implant Services		Not a covered code; do not plan to add
D6056	PREFABRICATED ABUTMENT - INCLUDES MODIFICATION AND	Implant Services		Not a covered code; do not plan to add
D6057	CUSTOM FABRICATED ABUTMENT - INCLUDES PLACEMENT	Implant Services		Not a covered code; do not plan to add
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	Implant Services		Not a covered code; do not plan to add
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN	Implant Services		Not a covered code; do not plan to add
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN	Implant Services		Not a covered code; do not plan to add
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN	Implant Services		Not a covered code; do not plan to add
D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE ME	Implant Services		Not a covered code; do not plan to add
D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY	Implant Services		Not a covered code; do not plan to add
D6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	Implant Services		Not a covered code; do not plan to add
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	Implant Services		Not a covered code; do not plan to add
D6066	Implant supported crown - porcelain fused to high	Implant Services		Not a covered code; do not plan to add
D6067	Implant supported crown - high noble alloys	Implant Services		Not a covered code; do not plan to add
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC	Implant Services		Not a covered code; do not plan to add
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO	Implant Services		Not a covered code; do not plan to add
D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO	Implant Services		Not a covered code; do not plan to add
D6071	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO	Implant Services		Not a covered code; do not plan to add
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HI	Implant Services		Not a covered code; do not plan to add
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PR	Implant Services		Not a covered code; do not plan to add
D6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NO	Implant Services		Not a covered code; do not plan to add
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	Implant Services		Not a covered code; do not plan to add
D6076	Implant supported retainer for FPD - porcelain fus	Implant Services		Not a covered code; do not plan to add
D6077	Implant supported retainer for metal FPD - high no	Implant Services		Not a covered code; do not plan to add

Procedure Code	Code Description	Service Type	2022 MC Rate	DRAFT Fee Schedule Rate
D6078	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR COMPL	Implant Services		Not a covered code; do not plan to add
D6079	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTI	Implant Services		Not a covered code; do not plan to add
D6080	IMPLANT MAINTENANCE PROCEDURES WHEN PROSTHESES ARE	Implant Services		Not a covered code; do not plan to add
D6081	SCALING AND DEBRIDEMENT IN THE PRESENCE OF INFLAMM	Implant Services		Not a covered code; do not plan to add
D6082	Implant supported crown - porcelain fused to pred	Implant Services		Not a covered code; do not plan to add
D6083	Implant supported crown - porcelain fused to noble	Implant Services		Not a covered code; do not plan to add
D6084	Implant supported crown - porcelain fused to titan	Implant Services		Not a covered code; do not plan to add
D6085	PROVISIONAL IMPLANT CROWN	Implant Services		Not a covered code; do not plan to add
D6086	Implant supported crown - predominantly base alloy	Implant Services		Not a covered code; do not plan to add
D6087	Implant supported crown - noble alloys	Implant Services		Not a covered code; do not plan to add
D6088	Implant supported crown - titanium and titanium al	Implant Services		Not a covered code; do not plan to add
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT	Implant Services		Not a covered code; do not plan to add
D6091	Replacement of replaceable part of semi-precision	Implant Services		Not a covered code; do not plan to add
D6092	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED CR	Implant Services		Not a covered code; do not plan to add
D6093	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED FI	Implant Services		Not a covered code; do not plan to add
D6094	Abutment supported crown - titanium and titanium a	Implant Services		Not a covered code; do not plan to add
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	Implant Services		Not a covered code; do not plan to add
D6096	REMOVE BROKEN IMPLANT RETAINING SCREW	Implant Services		Not a covered code; do not plan to add
D6097	Abutment supported crown - porcelain fused to tita	Implant Services		Not a covered code; do not plan to add
D6098	Implant supported retainer - porcelain fused to pr	Implant Services		Not a covered code; do not plan to add
D6099	Implant supported retainer for FPD - porcelain fus	Implant Services		Not a covered code; do not plan to add
D6100	IMPLANT REMOVAL, BY REPORT	Implant Services		Not a covered code; do not plan to add
D6101	DEBRIDEMENT OF A PERI-IMPLANT DEFECT OR DEFECTS SU	Implant Services		Not a covered code; do not plan to add
D6102	DEBRIDEMENT AND OSSEOUS CONTOURING OF A PERI-IMPLA	Implant Services		Not a covered code; do not plan to add
D6103	BONE GRAFT FOR REPAIR OF PERI-IMPLANT DEFECT - DOE	Implant Services		Not a covered code; do not plan to add
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	Implant Services		Not a covered code; do not plan to add
D6110	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR	Implant Services		Not a covered code; do not plan to add
D6111	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR	Implant Services		Not a covered code; do not plan to add
D6112	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR	Implant Services		Not a covered code; do not plan to add
D6113	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR	Implant Services		Not a covered code; do not plan to add
D6114	IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR EDEN	Implant Services		Not a covered code; do not plan to add
D6115	IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR EDEN	Implant Services		Not a covered code; do not plan to add
D6116	IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PART	Implant Services		Not a covered code; do not plan to add
D6117	IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PART	Implant Services		Not a covered code; do not plan to add
D6118	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE F	Implant Services		Not a covered code; do not plan to add
D6119	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE F	Implant Services		Not a covered code; do not plan to add
D6120	Implant supported retainer - porcelain fused to ti	Implant Services		Not a covered code; do not plan to add
D6121	Implant supported retainer for metal FPD - predomi	Implant Services		Not a covered code; do not plan to add
D6122	Implant supported retainer for metal FPD - noble a	Implant Services		Not a covered code; do not plan to add
D6123	Implant supported retainer for metal FPD - titaniu	Implant Services		Not a covered code; do not plan to add
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	Implant Services		Not a covered code; do not plan to add
D6191	Semi-precision abutment - placement	Implant Services		Not a covered code; do not plan to add
D6192	Semi-precision attachment - placement	Implant Services		Not a covered code; do not plan to add
D6194	Abutment supported retainer crown for FPD - titani	Implant Services		Not a covered code; do not plan to add
D6195	Abutment supported retainer - porcelain fused to t	Implant Services		Not a covered code; do not plan to add
D6199	UNSPECIFIED IMPLANT PROCEDURE, BY REPORT	Implant Services		Not a covered code; do not plan to add
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6210	PONTIC - CAST HIGH NOBLE METAL	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6211	Pontic - cast predominantly base metal	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6212	PONTIC - CAST NOBLE METAL	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6214	Pontic - titanium and titanium alloys	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6241	Pontic - porcelain fused to predominantly base met	Prosthodontics (Fixed)	\$325.00	\$460.60
D6242	Pontic - porcelain fused to noble metal	Prosthodontics (Fixed)	\$344.00	\$531.16
D6243	Pontic - porcelain fused to titanium and titanium	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6245	PONTIC - PORCELAIN/CERAMIC	Prosthodontics (Fixed)		\$547.54
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6251	Pontic - resin with predominantly base metal	Prosthodontics (Fixed)	\$276.00	Remove from Section 25
D6252	Pontic - resin with noble metal	Prosthodontics (Fixed)	\$314.00	Remove from Section 25
D6253	PROVISIONAL PONTIC - FURTHER TREATMENT OR COMPLETI	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6254	INTERIM PONTIC (Non-covered by Medicare. Statute r	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6545	Retainer - cast metal for resin bonded fixed prost	Prosthodontics (Fixed)	\$150.00	\$300.73
D6548	RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXE	Prosthodontics (Fixed)		\$295.31
D6549	Resin retainer - for resin bonded fixed prosthesis	Prosthodontics (Fixed)	\$150.00	Not a covered code; do not plan to add
D6600	RETAINER INLAY - PORCELAIN/CERAMIC, TWO SURFACES	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6601	RETAINER INLAY - PORCELAIN/CERAMIC, THREE OR MORE	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6602	RETAINER INLAY - CAST HIGH NOBLE METAL, TWO SURFAC	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6603	RETAINER INLAY - CAST HIGH NOBLE METAL, THREE OR M	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6604	RETAINER INLAY - CAST PREDOMINANTLY BASE METAL, TW	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6605	RETAINER INLAY - CAST PREDOMINANTLY BASE METAL, TH	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6606	RETAINER INLAY - CAST NOBLE METAL, TWO SURFACES	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6607	RETAINER INLAY - CAST NOBLE METAL, THREE OR MORE S	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6608	RETAINER ONLY - PORCELAIN/CERAMIC, TWO SURFACES	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6609	RETAINER ONLY - PORCELAIN/CERAMIC, THREE OR MORE	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6610	RETAINER ONLY - CAST HIGH NOBLE METAL, TWO SURFAC	Prosthodontics (Fixed)		Not a covered code; do not plan to add

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Procedure Code	Code Description	Service Type	2022 MC Rate	DRAFT Fee Schedule Rate
D6611	RETAINER ONLY - CAST HIGH NOBLE METAL, THREE OR M	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6612	RETAINER ONLY - CAST PREDOMINANTLY BASE METAL, TW	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6613	RETAINER ONLY - CAST PREDOMINANTLY BASE METAL, TH	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6614	RETAINER ONLY - CAST NOBLE METAL, TWO SURFACES	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6615	RETAINER ONLY - CAST NOBLE METAL, THREE OR MORE S	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6624	RETAINER INLAY - TITANIUM	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6634	RETAINER ONLY - TITANIUM	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6720	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6721	Crown – resin with predominantly base metal	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6722	RETAINER CROWN - RESIN WITH NOBLE METAL	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	Prosthodontics (Fixed)		\$544.72
D6750	Crown – porcelain fused to high noble metal	Prosthodontics (Fixed)		\$610.73
D6751	Crown – porcelain fused to predominantly base meta	Prosthodontics (Fixed)		\$478.46
D6752	Crown – porcelain fused to noble metal	Prosthodontics (Fixed)		\$506.09
D6753	Retainer Crown- Porcelain fused to titanium and ti	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6780	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6781	RETAINER CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6782	RETAINER CROWN - 3/4 CAST NOBLE METAL	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6784	Retainer crown 3/4 - titanium and titanium alloys	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6790	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6791	Crown – full cast predominantly base metal	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6792	RETAINER CROWN - FULL CAST NOBLE METAL	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6793	PROVISIONAL RETAINER CROWN - FURTHER TREATMENT OR	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6794	Retainer crown - titanium and titanium alloys	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6795	INTERIM RETAINER CROWN (Non-covered by Medicare. S	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6920	CONNECTOR BAR	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6930	Re-cement or re-bond fixed partial denture	Prosthodontics (Fixed)		\$80.34
D6940	STRESS BREAKER	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6950	PRECISION ATTACHMENT	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6970	POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6971	CAST POST AS PART OF BRIDGE RETAINER (Not covered	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6972	PREFABRICATED POST AND CORE IN ADDITION TO BRIDGE	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6973	CORE BUILD UP FOR RETAINER, INCLUDING ANY PINS (No	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6975	COPING (Non-covered by Medicare. Statute reference	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6976	EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6977	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH (N	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6980	Fixed partial denture repair necessitated by resto	Prosthodontics (Fixed)		\$169.40
D6985	PEDIATRIC PARTIAL DENTURE, FIXED	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPO	Prosthodontics (Fixed)		Not a covered code; do not plan to add
D7111	Extraction, coronal remnants - primary tooth	Oral and Maxillofacial Surgery	\$55.00	\$65.60
D7140	Extraction, erupted tooth or exposed root (elevati	Oral and Maxillofacial Surgery	\$91.00	\$110.40
D7210	Extraction, erupted tooth requiring removal of bon	Oral and Maxillofacial Surgery	\$110.00	\$135.09
D7220	Removal of impacted tooth - soft tissue	Oral and Maxillofacial Surgery	\$95.00	\$164.77
D7230	Removal of impacted tooth - partially bony	Oral and Maxillofacial Surgery	\$155.00	\$190.87
D7240	Removal of impacted tooth - completely bony	Oral and Maxillofacial Surgery	\$185.00	\$230.27
D7241	Removal of impacted tooth - completely bony, with	Oral and Maxillofacial Surgery	\$215.00	\$291.54
D7250	Removal of residual tooth roots (cutting procedure	Oral and Maxillofacial Surgery	\$130.00	\$116.16
D7251	Coronectomy - intentional partial tooth removal	Oral and Maxillofacial Surgery	\$110.00	\$227.48
D7260	Oroantral fistula closure	Oral and Maxillofacial Surgery	\$250.00	\$359.87
D7261	Primary closure of a sinus perforation	Oral and Maxillofacial Surgery	\$250.00	\$332.20
D7270	Tooth reimplantation and/or stabilization of accid	Oral and Maxillofacial Surgery	\$175.00	\$214.00
D7272	TOOTH TRANSPLANTATION (INCLUDES REIMPLANTATION FRO	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7280	Exposure of an unerupted tooth	Oral and Maxillofacial Surgery	\$220.00	\$234.37
D7281	SURGICAL EXPOSURE OF IMPACTED OR UNERUPTED TOOTH T	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7283	Placement of device to facilitate eruption of impa	Oral and Maxillofacial Surgery	\$225.00	\$135.35
D7285	Incisional biopsy of oral tissue-hard (bone, tooth	Oral and Maxillofacial Surgery	\$110.00	\$155.61
D7286	Incisional biopsy of oral tissue-soft	Oral and Maxillofacial Surgery	\$85.00	\$125.39
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7288	Brush biopsy - transepithelial sample collection	Oral and Maxillofacial Surgery		Remove from Section 25
D7290	Surgical repositioning of teeth	Oral and Maxillofacial Surgery	\$175.00	\$182.53
D7291	Transseptal fibrotomy/supra crestal fibrotomy, b	Oral and Maxillofacial Surgery	\$45.00	\$91.84
D7292	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE (SCREW RET	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7293	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE REQUIRING	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7294	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE WITHOUT FL	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7295	Harvest of bone for use in autogenous grafting pro	Oral and Maxillofacial Surgery	\$225.00	\$394.89
D7296	CORTICOTOMY - ONE TO THREE TEETH OR TOOTH SPACES,	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7297	CORTICOTOMY - FOUR OR MORE TEETH OR TOOTH SPACES,	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7310	Alveoloplasty in conjunction with extractions - fo	Oral and Maxillofacial Surgery	\$64.00	\$125.66
D7311	Alveoloplasty in conjunction with extractions – on	Oral and Maxillofacial Surgery		\$94.67
D7320	Alveoloplasty not in conjunction with extractions	Oral and Maxillofacial Surgery	\$94.00	\$157.05
D7321	Alveoloplasty not in conjunction with extractions	Oral and Maxillofacial Surgery	\$47.00	\$132.54
D7340	VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITH	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add

Procedure Code	Code Description	Service Type	2022 MC Rate	DRAFT Fee Schedule Rate
D7350	VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7410	Excision of benign lesion up to 1.25 cm	Oral and Maxillofacial Surgery	\$75.00	\$136.60
D7411	Excision of benign lesion greater than 1.25 cm	Oral and Maxillofacial Surgery	\$120.00	\$227.54
D7412	Excision of benign lesion, complicated	Oral and Maxillofacial Surgery	\$200.00	\$287.01
D7413	Excision of malignant lesion up to 1.25 cm	Oral and Maxillofacial Surgery	\$350.00	\$276.96
D7414	Excision of malignant lesion greater than 1.25 cm	Oral and Maxillofacial Surgery	\$750.00	\$389.74
D7415	Excision of malignant lesion, complicated	Oral and Maxillofacial Surgery	\$750.00	\$449.93
D7440	Excision of malignant tumor - lesion diameter up t	Oral and Maxillofacial Surgery	\$350.00	\$333.30
D7441	Excision of malignant tumor - lesion diameter grea	Oral and Maxillofacial Surgery	\$750.00	\$434.83
D7450	Removal of benign odontogenic cyst or tumor - lesi	Oral and Maxillofacial Surgery	\$220.00	\$177.17
D7451	Removal of benign odontogenic cyst or tumor - lesi	Oral and Maxillofacial Surgery	\$400.00	\$307.33
D7460	Removal of benign nonodontogenic cyst or tumor - l	Oral and Maxillofacial Surgery	\$200.00	\$163.60
D7461	Removal of benign nonodontogenic cyst or tumor - l	Oral and Maxillofacial Surgery	\$400.00	\$318.01
D7465	Destruction of lesion(s) by physical or chemical m	Oral and Maxillofacial Surgery	\$75.00	\$118.15
D7471	Removal of lateral exostosis (maxilla or mandible)	Oral and Maxillofacial Surgery	\$300.00	\$187.91
D7472	Removal of torus palatinus	Oral and Maxillofacial Surgery		\$249.59
D7473	Removal of torus mandibularis	Oral and Maxillofacial Surgery		\$255.54
D7485	REDUCTION OF OSSEOUS TUBEROSITY	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7510	Incision and drainage of abscess - intraoral soft	Oral and Maxillofacial Surgery	\$75.00	\$85.71
D7511	Incision and drainage of abscess - intraoral soft	Oral and Maxillofacial Surgery	\$90.00	\$155.92
D7520	Incision and drainage of abscess - extraoral soft	Oral and Maxillofacial Surgery	\$150.00	\$171.81
D7521	Incision and drainage of abscess - extraoral soft	Oral and Maxillofacial Surgery	\$165.00	\$251.02
D7530	Removal of foreign body from mucosa, skin, or subc	Oral and Maxillofacial Surgery	\$100.00	\$123.26
D7540	Removal of reaction producing foreign bodies, musc	Oral and Maxillofacial Surgery		\$204.98
D7550	Partial ostectomy/sequestrectomy for removal of no	Oral and Maxillofacial Surgery		\$246.83
D7560	Maxillary sinusotomy for removal of tooth fragmen	Oral and Maxillofacial Surgery	\$350.00	\$413.55
D7610	Maxilla - open reduction (teeth immobilized, if pr	Oral and Maxillofacial Surgery	\$900.00	Remove from Section 25
D7620	Maxilla - closed reduction (teeth immobilized, if	Oral and Maxillofacial Surgery	\$450.00	Remove from Section 25
D7630	Mandible - open reduction (teeth immobilized, if p	Oral and Maxillofacial Surgery	\$900.00	Remove from Section 25
D7640	Mandible - closed reduction (teeth immobilized, if	Oral and Maxillofacial Surgery	\$450.00	Remove from Section 25
D7650	Malar and/or zygomatic arch - open reduction	Oral and Maxillofacial Surgery	\$750.00	Remove from Section 25
D7660	Malar and/or zygomatic arch - closed reduction	Oral and Maxillofacial Surgery	\$300.00	Remove from Section 25
D7670	Alveolus - closed reduction, may include stabiliza	Oral and Maxillofacial Surgery	\$400.00	Remove from Section 25
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATI	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7680	Facial bones - complicated reduction with fixation	Oral and Maxillofacial Surgery	\$1,383.00	Remove from Section 25
D7710	Maxilla - open reduction	Oral and Maxillofacial Surgery	\$900.00	Remove from Section 25
D7720	Maxilla - closed reduction	Oral and Maxillofacial Surgery	\$450.00	Remove from Section 25
D7730	Mandible - open reduction	Oral and Maxillofacial Surgery	\$900.00	Remove from Section 25
D7740	Mandible - closed reduction	Oral and Maxillofacial Surgery	\$450.00	Remove from Section 25
D7750	Malar and/or zygomatic arch - open reduction	Oral and Maxillofacial Surgery	\$750.00	Remove from Section 25
D7760	Malar and/or zygomatic arch - closed reduction	Oral and Maxillofacial Surgery	\$300.00	Remove from Section 25
D7770	Alveolus - open reduction stabilization of teeth	Oral and Maxillofacial Surgery	\$400.00	Remove from Section 25
D7771	Alveolus - closed reduction stabilization of teeth	Oral and Maxillofacial Surgery	\$400.00	Remove from Section 25
D7780	Facial bones - complicated reduction with fixation	Oral and Maxillofacial Surgery	\$1,383.00	Remove from Section 25
D7810	OPEN REDUCTION OF DISLOCATION	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7820	CLOSED REDUCTION OF DISLOCATION	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7830	MANIPULATION UNDER ANESTHESIA	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7840	CONDYLECTOMY	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7850	Surgical discectomy, with/without implant	Oral and Maxillofacial Surgery	\$1,185.50	Remove from Section 25
D7852	DISC REPAIR	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7854	SYNOVECTOMY	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7856	MYOTOMY	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7858	JOINT RECONSTRUCTION	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7860	Arthroscopy	Oral and Maxillofacial Surgery	\$1,185.50	Remove from Section 25
D7865	ARTHROPLASTY	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7870	ARTHROCENTESIS	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7872	ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7873	ARTHROSCOPY: LAVAGE AND LYSIS OF ADHESIONS	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7874	ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7875	ARTHROSCOPY: SYNOVECTOMY	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7876	ARTHROSCOPY: DISCECTOMY	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7877	ARTHROSCOPY: DEBRIDEMENT	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7880	Occlusal orthotic device, by report	Oral and Maxillofacial Surgery	\$250.00	\$350.04
D7881	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7899	UNSPECIFIED TMD THERAPY, BY REPORT	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7910	Suture of recent small wounds up to 5 cm	Oral and Maxillofacial Surgery	\$84.75	\$103.50
D7911	Complicated suture - up to 5 cm	Oral and Maxillofacial Surgery	\$193.00	\$176.38
D7912	Complicated suture - greater than 5 cm	Oral and Maxillofacial Surgery	\$263.50	\$278.63
D7920	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION AND	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7921	COLLECTION AND APPLICATION OF AUTOLOGOUS BLOOD CON	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7922	Placement of intra-socket biological dressing to a	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7940	Osteoplasty - for orthognathic deformities	Oral and Maxillofacial Surgery		Remove from Section 25
D7941	Osteotomy - mandibular rami	Oral and Maxillofacial Surgery		Remove from Section 25

Procedure Code	Code Description	Service Type	2022 MC Rate	DRAFT Fee Schedule Rate
D7943	Osteotomy - mandibular rami with bone graft; incl	Oral and Maxillofacial Surgery	\$2,529.00	Remove from Section 25
D7944	Osteotomy - segmented or subapical	Oral and Maxillofacial Surgery	\$2,213.00	Remove from Section 25
D7945	Osteotomy - body of the mandible	Oral and Maxillofacial Surgery	\$2,213.00	Remove from Section 25
D7946	LeFort I (maxilla - total)	Oral and Maxillofacial Surgery	\$2,213.00	Remove from Section 25
D7947	LeFort I (maxilla - segmented)	Oral and Maxillofacial Surgery	\$2,213.00	Remove from Section 25
D7948	LeFort II or LeFort III (osteoplasty of facial bon	Oral and Maxillofacial Surgery	\$2,213.00	Remove from Section 25
D7949	LeFort II or LeFort III - with bone graft	Oral and Maxillofacial Surgery	\$2,529.00	Remove from Section 25
D7950	Osseous, osteoperiosteal, or cartilage graft of th	Oral and Maxillofacial Surgery		Remove from Section 25
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES V	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7952	SINUS AUGMENTATION VIA A VERTICAL APPROACH	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7953	Bone replacement graft for ridge preservation - pe	Oral and Maxillofacial Surgery	\$325.00	\$266.09
D7955	Repair of maxillofacial soft and/or hard tissue de	Oral and Maxillofacial Surgery	\$412.00	Remove from Section 25
D7960	FRENULECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENOTO	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7961	Buccal / labial frenectomy (frenulectomy)	Oral and Maxillofacial Surgery	\$97.00	\$158.55
D7962	Lingual frenectomy (frenulectomy)	Oral and Maxillofacial Surgery	\$97.00	\$158.92
D7963	Frenuloplasty	Oral and Maxillofacial Surgery	\$125.00	\$244.40
D7970	Excision of hyperplastic tissue - per arch	Oral and Maxillofacial Surgery	\$356.00	\$192.90
D7971	Excision of pericoronal gingiva	Oral and Maxillofacial Surgery	\$58.00	\$98.80
D7972	Surgical reduction of fibrous tuberosity	Oral and Maxillofacial Surgery	\$70.00	\$217.57
D7979	Non-surgical sialolithotomy - A sialolith is remo	Oral and Maxillofacial Surgery	\$139.00	\$122.56
D7980	Surgical sialolithotomy	Oral and Maxillofacial Surgery	\$263.50	Remove from Section 25
D7981	Excision of salivary gland, by report	Oral and Maxillofacial Surgery		Remove from Section 25
D7982	Sialodochoplasty	Oral and Maxillofacial Surgery		Remove from Section 25
D7983	Closure of salivary fistula	Oral and Maxillofacial Surgery		\$360.20
D7990	Emergency tracheotomy	Oral and Maxillofacial Surgery	\$159.50	Remove from Section 25
D7991	Coronoidectomy	Oral and Maxillofacial Surgery		Remove from Section 25
D7993	Surgical placement of craniofacial implant - extra	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7994	Surgical placement: zygomatic implant	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7995	Synthetic graft - mandible or facial bones, by rep	Oral and Maxillofacial Surgery	\$1,106.50	Remove from Section 25
D7996	IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUD	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7997	Appliance removal (not by dentist who placed appli	Oral and Maxillofacial Surgery		\$143.28
D7998	INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CO	Oral and Maxillofacial Surgery		Not a covered code; do not plan to add
D7999	Unspecified oral surgery procedure, by report	Oral and Maxillofacial Surgery		By Report
D8010	Limited orthodontic treatment of the primary denti	Orthodontics	\$592.00	\$921.09
D8020	Limited orthodontic treatment of the transitional	Orthodontics	\$592.00	\$921.09
D8030	Limited orthodontic treatment of the adolescent de	Orthodontics	\$592.00	\$921.09
D8040	Limited orthodontic treatment of adult dentition	Orthodontics		\$921.09
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY	Orthodontics		Remove from Section 25
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITI	Orthodontics		Remove from Section 25
D8070	Comprehensive orthodontic treatment of the transit	Orthodontics	\$2,725.00	\$2,931.11
D8080	Comprehensive orthodontic treatment of the adolesc	Orthodontics	\$2,725.00	\$2,931.11
D8090	Comprehensive orthodontic treatment of the adult d	Orthodontics	\$2,725.00	\$2,931.11
D8210	Removable appliance therapy	Orthodontics	\$375.00	\$305.45
D8220	Fixed appliance therapy	Orthodontics	\$375.00	\$399.92
D8660	Pre-orthodontic treatment examination to monitor g	Orthodontics	\$22.50	\$49.12
D8670	Periodic orthodontic treatment visit	Orthodontics	\$66.00	\$187.09
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONS	Orthodontics		Not a covered code; do not plan to add
D8681	REMOVABLE ORTHODONTIC RETAINER ADJUSTMENT	Orthodontics		Not a covered code; do not plan to add
D8690	ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CO	Orthodontics		Not a covered code; do not plan to add
D8691	REPAIR OF ORTHODONTIC APPLIANCE	Orthodontics		Not a covered code; do not plan to add
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	Orthodontics		Not a covered code; do not plan to add
D8693	RE-CEMENT OR RE-BOND FIXED RETAINER	Orthodontics		Not a covered code; do not plan to add
D8694	REPAIR OF FIXED RETAINERS, INCLUDES REATTACHMENT	Orthodontics		Not a covered code; do not plan to add
D8695	Removal of fixed orthodontic appliances for reason	Orthodontics	\$99.00	\$142.57
D8696	Repair of orthodontic appliance - maxillary	Orthodontics	\$75.00	\$89.56
D8697	Repair of orthodontic appliance - mandibular	Orthodontics	\$75.00	\$89.56
D8698	Re-cement or re-bond fixed retainer - maxillary	Orthodontics	\$50.00	\$62.35
D8699	Re-cement or re-bond fixed retainer - mandibular	Orthodontics	\$50.00	\$62.35
D8701	Repair of fixed retainer, includes reattachment -	Orthodontics		Not a covered code; do not plan to add
D8702	Repair of fixed retainer, includes reattachment -	Orthodontics		Not a covered code; do not plan to add
D8703	Replacement of lost or broken retainer - maxillary	Orthodontics	\$125.00	\$142.37
D8704	Replacement of lost or broken retainer - mandibula	Orthodontics	\$125.00	\$142.37
D8999	Unspecified orthodontic procedure, by report	Orthodontics		By Report
D9110	Palliative (emergency) treatment of dental pain -	Adjunctive General	\$35.00	\$66.63
D9120	FIXED PARTIAL DENTURE SECTIONING	Adjunctive General		Not a covered code; do not plan to add
D9130	Temporomandibular joint dysfunction - non-invasive	Adjunctive General		Not a covered code; do not plan to add
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE	Adjunctive General		Not a covered code; do not plan to add
D9211	REGIONAL BLOCK ANESTHESIA	Adjunctive General		Not a covered code; do not plan to add
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	Adjunctive General		Not a covered code; do not plan to add
D9215	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR	Adjunctive General		Not a covered code; do not plan to add
D9219	Evaluation for moderate sedation, deep sedation or	Adjunctive General		Not a covered code; do not plan to add
D9220	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 30 MINUTE	Adjunctive General		Not a covered code; do not plan to add
D9221	DEEP SEDATION/GENERAL ANESTHESIA - EACH ADDITIONAL	Adjunctive General		Not a covered code; do not plan to add
D9222	Deep sedation/general anesthesia - first 15 minute	Adjunctive General	\$150.00	\$140.11
D9223	Deep sedation/general anesthesia - each subsequent	Adjunctive General	\$150.00	\$140.11

Procedure Code	Code Description	Service Type	2022 MC Rate	DRAFT Fee Schedule Rate
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	Adjunctive General	\$19.00	\$34.80
D9239	Intravenous moderate (conscious) sedation/analgesia	Adjunctive General	\$150.00	\$140.11
D9241	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA	Adjunctive General		Not a covered code; do not plan to add
D9242	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA	Adjunctive General		Not a covered code; do not plan to add
D9243	Intravenous moderate (conscious) sedation/analgesia	Adjunctive General	\$150.00	\$140.11
D9248	Non-intravenous conscious sedation	Adjunctive General	\$98.50	\$167.84
D9310	Consultation - diagnostic service provided by dentist	Adjunctive General	\$31.00	\$55.78
D9311	CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL	Adjunctive General		Not a covered code; do not plan to add
D9410	House/extended care facility call	Adjunctive General	\$60.00	\$46.41
D9420	Hospital or ambulatory surgical center call	Adjunctive General	\$100.00	\$90.49
D9430	Office visit for observation (during regularly scheduled hours)	Adjunctive General	\$18.00	Remove from Section 25
D9440	Office visit - after regularly scheduled hours	Adjunctive General	\$38.00	Remove from Section 25
D9450	Case presentation, detailed and extensive treatment	Adjunctive General	\$127.50	Remove from Section 25
D9610	Therapeutic parenteral drug, single administration	Adjunctive General		Remove from Section 25
D9612	Therapeutic parenteral drugs, two or more administrations	Adjunctive General		Remove from Section 25
D9613	Infiltration of sustained release therapeutic drug	Adjunctive General		Not a covered code; do not plan to add
D9630	Drugs or medicaments dispensed in the office for home use	Adjunctive General		Remove from Section 25
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	Adjunctive General		Not a covered code; do not plan to add
D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL ANATOMY	Adjunctive General		Not a covered code; do not plan to add
D9920	Behavior management, by report	Adjunctive General	\$13.00	\$62.30
D9930	Treatment of complications (post-surgical) - unusual	Adjunctive General	\$25.00	Remove from Section 25
D9931	CLEANING AND INSPECTION OF A REMOVABLE APPLIANCE	Adjunctive General		Not a covered code; do not plan to add
D9932	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE	Adjunctive General		Not a covered code; do not plan to add
D9933	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE	Adjunctive General		Not a covered code; do not plan to add
D9934	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE	Adjunctive General		Not a covered code; do not plan to add
D9935	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE	Adjunctive General		Not a covered code; do not plan to add
D9940	OCCUSAL GUARD, BY REPORT	Adjunctive General		Not a covered code; do not plan to add
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	Adjunctive General		Not a covered code; do not plan to add
D9942	REPAIR AND/OR RELINE OF OCCUSAL GUARD	Adjunctive General		Not a covered code; do not plan to add
D9943	OCCUSAL GUARD ADJUSTMENT	Adjunctive General		Not a covered code; do not plan to add
D9944	Occlusal guard - hard appliance, full arch	Adjunctive General	\$110.00	\$247.67
D9945	Occlusal guard - soft appliance, full arch	Adjunctive General	\$110.00	\$247.67
D9946	Occlusal guard - hard appliance, partial arch	Adjunctive General	\$110.00	\$247.67
D9950	OCCUSION ANALYSIS - MOUNTED CASE	Adjunctive General		Not a covered code; do not plan to add
D9951	OCCUSAL ADJUSTMENT - LIMITED	Adjunctive General		Not a covered code; do not plan to add
D9952	OCCUSAL ADJUSTMENT - COMPLETE	Adjunctive General		Not a covered code; do not plan to add
D9961	Duplicate/copy patient's records	Adjunctive General		Not a covered code; do not plan to add
D9970	ENAMEL MICROABRASION	Adjunctive General		Not a covered code; do not plan to add
D9971	Odontoplasty - per tooth	Adjunctive General		Not a covered code; do not plan to add
D9972	EXTERNAL BLEACHING - PER ARCH - PERFORMED IN OFFICE	Adjunctive General		Not a covered code; do not plan to add
D9973	EXTERNAL BLEACHING - PER TOOTH	Adjunctive General		Not a covered code; do not plan to add
D9974	INTERNAL BLEACHING - PER TOOTH	Adjunctive General		Not a covered code; do not plan to add
D9975	EXTERNAL BLEACHING FOR HOME APPLICATION, PER ARCH;	Adjunctive General		Not a covered code; do not plan to add
D9985	SALES TAX	Adjunctive General		Not a covered code; do not plan to add
D9986	Missed appointment	Adjunctive General		For Reporting Only; No Rate
D9987	CANCELLED APPOINTMENT	Adjunctive General		Not a covered code; do not plan to add
D9990	Certified translation or sign-language services -	Adjunctive General		Not a covered code; do not plan to add
D9991	Dental case management - addressing appointment coordination	Adjunctive General		Not a covered code; do not plan to add
D9992	DENTAL CASE MANAGEMENT - CARE COORDINATION	Adjunctive General		\$22.72
D9993	DENTAL CASE MANAGEMENT - MOTIVATIONAL INTERVIEWING	Adjunctive General		Not a covered code; do not plan to add
D9994	DENTAL CASE MANAGEMENT - PATIENT EDUCATION TO IMPROVE	Adjunctive General		Not a covered code; do not plan to add
D9995	Teledentistry - synchronous; real-time encounter	Adjunctive General	\$0.00	For Reporting Only; No Rate
D9996	Teledentistry - asynchronous; information stored and retrieved	Adjunctive General	\$0.00	For Reporting Only; No Rate
D9997	Dental case management - patients with special health care needs	Adjunctive General		Not a covered code; do not plan to add
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	Adjunctive General		Not a covered code; do not plan to add